## MASSACHUSETTS UNIFORM APPLICATION FOR PERMIT TO DO PLUMBING (Print or Type) \_\_\_\_\_, Mass. Date\_\_\_\_\_\_19\_\_\_\_ Permit #\_\_\_ Building Location Owner's Name Type of Occupancy\_\_\_\_\_ Replacement Plans Submitted: Yes □ No □ Renovation New 🗆 **FIXTURES** FOUNTAIN CONN TANK PREV. LAUNDRY TRAYS FIXTURE KITCHEN SINKS CLOSET SHOWER STALL DISHWASHERS FLOOR DRAIN ROOF DRAINS WASH, MACH. LAVATORIES SINKS DRAIN HOT WATER DISPOSERS BACKFLOW BATHTUBS TANKLESS GAS TRAP DRINKING URINALS WATER ! WATER OTHER SLOP AREA SUB-BSMT. BASEMENT 1ST FLOOR 2ND FLOOR 3RD FLOOR 4TH FLOOR 5TH FLOOR 6TH FLOOR 7TH FLOOR STH FLOOR Installing Company Name\_\_\_\_ Check one: Certificate Address ☐ Corporation ☐ Partnership ☐ Firm/Co. Business Telephone Name of Licensed Plumber **INSURANCE COVERAGE:** I have a current liability insurance policy or its substantial equivalent which meets the requirements of MGL Ch. 142. If you have checked ves, please indicate the type coverage by checking the appropriate box. A liability insurance policy Other type of indemnity Bond OWNER'S INSURANCE WAIVER: I am aware that the licensee does not have the insurance coverage required by Chapter 142 of the Mass. General Laws, and that my signature on this permit application waives this requirement. Check one: Owner Agent Signature of Owner or Owner's Agent I hereby certify that all of the details and information I have submitted (or entered) in above application are true and accurate to the best of my knowledge and that all plumbing work and installations performed under the permit issued for this application will be in compliance with all pertinent provisions of the Massachusetts State Plumbing Code and Chapter 142 of the General Laws. By\_ Signature of Licensed Plumber Title Type of License: Master Journeyman [ City/Town

License Number\_\_\_

APPROVED (OFFICE USE ONLY)

SKETCHES

AME & TYPE OF BUILDING  COATION OF BUILDING  PERMIT GRANTED  DATE  DATE  19  PLUMBING INSPECTOR	PERMIT GRANTED  DATE1919
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